

ACCREDITATION REIMBURSEMENT REQUEST
Per Welfare and Institutions Code Section 11462 and Section 11463

SECTION I – PROVIDER INFORMATION

Corporation/Licensee Name: _____

Rates Provider Number: _____

Address: _____

City: _____

Zip Code: _____

Contact Person: _____

Email Address: _____

Telephone Number: _____

Amount Requested: _____

Providers Signature: _____

SECTION II – ACCREDITATION INFORMATION

ACCREDITING BODY: _____

Accreditation Started: _____
Date**Please mark the appropriate box.**Accreditation Completed: _____
Date

- ☐ The Council on Accreditation (COA)
☐ Commission on Accreditation of Rehabilitation Facilities (CARF)
☐ The Joint Commission (TJC)

SECTION III – FCARB USE ONLYFederal PCA Code 22358: _____
Amount to be appliedState PCA Code 12354: _____
Amount to be applied

Index Code: 2513

Invoice # _____

Rates Consultant Signature: _____

Date Approved: _____

Please attach the invoice from the accrediting agency showing the billing amount and cancelled check or credit card receipt to this form and mail with form STD 204 (Payee Data Record) to:

State of California
Children and Family Services Division
Foster Care Audits and Rates Branch
Foster Care Rates Bureau
744 P. Street
Mail Station 8-11-74
Sacramento, CA 95814